

[[TITLE: PAS-RELEASE NOTES 4.61  
[:NUMBER: SET=1  
[:FRAME:  
[[SEARCH: DIFFERENCES FROM PREVIOUS SOFTWARE VERSION  
[:K: DIFFERENCES FROM PREVIOUS SOFTWARE VERSION

SAIC D/SIDDOMS Doc. DS-46DA-6030  
26 May 1998

RELEASE NOTES: CHCS-4.61 - PAS

This release contains changes to existing software resulting from System Incident Reports (SIR) and Unit Development Folders (UDF).

Release notes are included in the OLUM and transmitted through separate messages by system or subsystem for functionality affected by this update.

## 1. SPECIAL CONCERNS

Site operations personnel: Read the CHCS Installation Guide for any software installation concerns.

## 2. DIFFERENCES FROM PREVIOUS SOFTWARE VERSION

[[SEARCH: CHCS REGIONAL SCHEDULER PROJECT  
[:K: CHCS Regional Scheduler Project (CRSP)  
o CHCS REGIONAL SCHEDULER PROJECT (CRSP)

CRSP incorporates changes to existing software which provides a centralized CHCS Patient Appointment Scheduling (PAS) and Managed Care Program (MCP) database. These sections are only applicable if your site has implemented CRSP.

Managed health care within the Department of Defense (DOD) is currently implemented regionally under the name TRICARE. Awarding regional health care management contracts is integral to the TRICARE managed care approach. To effectively manage health care for the beneficiary population, TRICARE Support Contractors (TSC) and the regional health care providers (HCPs) need access to patient appointment schedules at the regional location from any facility.

CRSP provides a centralized PAS and MCP database to support the TRICARE managed care requirement to search for, book, and cancel appointments from any CHCS terminal.

The regional scheduling network consists of CHCS local systems connected through an Asynchronous Transfer Mode (ATM) network to a single CHCS regional scheduling system. The system exchanges information from the local system to the regional system, or from regional to local through Health Level Seven (HL7) messages.

CRSP provides three levels of users:

Local  
Regional  
Enterprise.

As a local user, you always log onto your normal CHCS account. There is no change in the log-on procedures.

As an authorized regional user, you log onto your new CRSP account directly. However, you cannot access the local system. New log-on procedures are available for regional users.

In a regional operating mode, CHCS provides MCP and PAS scheduling functionality to one or more other CHCS applications operating in a local mode. As an "enterprise" user, you log on to a local system and then may execute MCP or PAS functionality through the regional scheduler menu option. The Regional Scheduler User Log-On (ULO) software manages system log-on activities.

As an enterprise user with local and regional privileges, you always log onto your local system first, jumping to regional if you logon to the local and provide the correct Kerberos password. You transfer from a local system to the regional system to exercise the regional MCP or PAS functions. You then return to your local-system session when you log-off or exit from the regional system. New log-on procedures are available for enterprise users.

As an enterprise user, a Kerberos password authorizes the jump from the local system to the regional system. Kerberos is a network authentication system. It allows entities communicating over networks to prove their identity to each other while preventing eavesdropping or replay attacks.

CRSP requires the following accounts:

User Type	Local System	Regional System
Local User	Existing CHCS Account	No Account
Regional User	No Account	Single Captive "CRSP" Account
Enterprise User	*Unique VMS Account	*Unique VMS Account

\*VMS accounts are unique within a single machine. However, for the enterprise user, the VMS account at the local system must be the same as the VMS account at the regional system.

Log-on scenarios for local, regional, and enterprise users are as follows:

a. Local User

1. Log onto the local system through the captive CHCS account, CHCS.
2. Enter your CHCS ACCESS and VERIFY code combination.

Username: CHCS

ACCESS CODE: metcalf (not displayed)

VERIFY CODE: wreed (not displayed)

b. Regional User

1. Log onto the regional system through the captive regional account, named CRSP.
2. Enter your CHCS ACCESS and VERIFY code combination.

Username: CRSP

ACCESS CODE: metcalf (not displayed)

VERIFY CODE: wreed (not displayed)

c. Enterprise User

1. You are prompted for your VMS user name.
2. Enter your unique VMS user name to log onto the system. You are prompted for your VMS password.
3. You are prompted for a secondary (Kerberos) password.
4. The Kerberos session is initiated after the Kerberos password is verified.

Username: metcalf

Password: crspcrit (not displayed)

**Please enter your secondary password at the prompt.**

This node is: wramaa

Kerberos Initialization for "metcalf1"

Password: sandiego (not displayed)

5. The following application menu with the jump option displays at the local system.

Scheduling Supervisor Menu  
Clerk Scheduling Menu  
Emergency Room Menu  
**Regional Scheduler System Menu**

6. When you select the Regional Scheduler System Menu, the user has executed a "jump" to the regional system. The following Regional Scheduler System Main Menu displays.

Scheduling Supervisor Menu  
Clerk Scheduling Menu  
Managed Care Program Menu

7. You are restricted to the local system if after three attempts you CANNOT provide a correct secondary Kerberos password or you DO NOT provide a secondary Kerberos password.
8. If you halt at the regional system, the user is automatically returned to his local system at the point prior to the "jump".

All MCP functions are performed on the CHCS regional scheduler system. These activities include the following:

Patient enrollment  
Primary care manager (PCM) assignment  
Provider network creation and administration  
MCP primary and specialty care referral booking  
MCP network reports  
Mini registration  
Waitlist processing  
Patient and facility appointment cancellation  
Cancellation/No Show notification.

NOTE: Full registration and John Doe registration are not supported at the regional scheduler level.

The CHCS local systems and the CHCS regional scheduler system share user, hospital location, provider, patient, other health insurance (OHI), order, record tracking, and common file data. Only the CHCS regional scheduler system stores MCP data.

The CHCS regional scheduler system conducts the following PAS activities:

Creating and maintaining schedules/profiles/templates  
Booking scheduled appointments  
Appointment Order Processing

- Waitlist processing
- Patient and facility appointment cancellation
- Cancellation/No Show notification.
- Generating PAS reports
  - Workload statistical reports
  - Appointment rosters
  - Appointment utilization reports.

The CHCS regional scheduler system processes appointment orders (Ancillary (ANC), CON, and Clinical (CLN) orders) entered on a CHCS local system through Order Entry.

NOTE: Appointment orders (i.e., requests) entered at one local system are considered to be requests for appointments at specific clinics in the same facility in which the appointment orders originated. Therefore, if the appointment order is entered at Bethesda, the appointment, linked to the order, may only be booked in clinics at Bethesda.

Presently, if you elect to process Appointment Orders, you may only sort the orders by all clinics or an individual clinic. The AOP option has been modified to allow you to select to process appointment orders by clinic or individual patient. If you elect to process appointment orders by patient, the system searches for all appointment orders across all the divisions for the specified patient. However, you will be able to process only those patients appointment orders linked to the division to which you have access. The appointment orders linked to non-accessible divisions will be low-lighted on the screen.

All PAS activities normally conducted by front desk personnel in individual clinics are performed at the local level. The local PAS front desk activities include the following:

- Booking unscheduled visits
  - Walk-ins
  - Sick-calls
  - Telephone consults
- Emergency room encounters
- Generating PAS reports
  - (Not related to provider schedules or workload statistics)
- End of day processing
- Patient appointment check-in

The system initialization and initial file conversion process establishes data links between the CHCS files stored on a CHCS local system and the same CHCS files stored on the CHCS regional scheduler system. The data links are maintained based on ongoing HL7 message communications. The data links between the CHCS local and regional scheduler systems map matching records. CHCS links data in the following files:

Department and Service  
MEPRS Code  
Hospital Location  
Provider Class  
Title  
User  
Provider  
Patient  
Insurance Company  
Patient Appointment  
Professional Category  
Medical Center Division  
Drug

When an appointment is booked at the regional level, the system sends an HL7 appointment message to the local medical treatment facility (MTF) to which the appointment is scheduled. If the specified patient is newly registered at the regional system, the system also triggers an Add a Person message followed by an HL7 appointment message. If the specified patient's registration data was updated, the system triggers an Update Person message followed by the HL7 appointment message. If the specified patient exists at the local MTF, the Update Person message overwrites any existing differences in non-critical data fields. After a patient is linked all data fields can be overwritten. When establishing the link, the system checks the following:

Name  
FMP/SSN  
DOB  
ISSN  
Sex

After the match is made, all other fields can be updated.

Appointment conflict checking occurs at the CHCS regional scheduler level.

If the patient exists at more than one MTF, the registration data updates the regional scheduler level, then sends patient update data to the MTF where the patient has the appointment, and to the other MTF to which the patient is linked. Whenever a patient is registered at the local MTF, the system transmits registration data to the regional scheduler system. Thus, the regional scheduler system is a composite of all local MTFs. Patient Family Member (FMP)/Sponsor Social Security Number (SSN) is the unique identifier for linking patients. Supplementary analysis of other registration data is used to verify the identification.

If two patients at different MTFs are identified as potential duplicates at the regional level, the system issues a bulletin to the Patient

Administration (PAD) supervisor. The PAD supervisor at the regional scheduler level resolves potential MTF duplications by notifying the MTF PAD supervisors of edits needed to resolve discrepancies. Once the differing patient data has been edited, the patient is linked to both MTFs.

NOTE: Linking patient records at two MTFs is not the same as resolving duplicate patients.

The PAS and MCP management mail groups (i.e., SDMGR and CPZMGR) are defined on the CHCS regional scheduler system but the system manager of the CHCS regional scheduler is responsible for adding members to these mail groups.

The system displays new PAS local and regional scheduler menu structures when you access the local system or the regional scheduler system only. New menus are also displayed when you are an enterprise user with access to both the local system and the regional scheduler system.

The following menus show the menu structure for local, regional, and the enterprise user.

#### PAS Main Menu Options:

##### Local

- Scheduling Supervisor Menu
- Clerk Scheduling Menu
- Emergency Room Menu

##### Regional

- Scheduling Supervisor Menu
- Clerk Scheduling Menu
- Managed Care Program Menu

##### Enterprise

- Scheduling Supervisor Menu
- Clerk Scheduling Menu
- Emergency Room Menu
- Regional Scheduler System Menu

NOTE: As an enterprise user, the system "jumps" you to the regional system when you select the Regional Scheduler System Menu on the PAS Main Menu. Thereafter, depending on your security key or FileMan access, the regional and the enterprise user have access to the same menus.

#### Scheduling Supervisor Menu:

## Local

PROF	Profiles Menu
MGRM	Management Reports Menu
ORDM	Operational Rosters & Displays Menu
AHOC	Ad Hoc Report Menu
FILE	File/Table Maintenance Menu
BRPT	Batch Reports & Utilities Menu
USRP	User PAS Menu

## Regional

PROF	Profiles Menu
TEMP	Templates Menu
SCHE	Schedules Menu
MGRM	Management Reports Menu
NOTP	Notify Patients Menu (Cancel, No-Show, Wait List)
ORDM	Operational Rosters & Displays Menu
AHOC	Ad Hoc Report Menu
FILE	File/Table Maintenance Menu
BRPT	Batch Reports & Utilities Menu
USRP	User PAS Menu

## Profiles Menu options:

### Local

EPRO	Emergency Room Profiles Menu
SPRO	Stuff Security Keys for Clinic/Provider
LPRO	List Profiles Menu

### Regional

FPRO	Facility Profile Edit
DPRO	Division Profile Edit
CPRO	Clinic Profile Edit
PPRO	Provider Profile Enter/Edit
APRO	Appointment Type Enter/Edit
SPRO	Stuff Security Keys for Clinic/Provider
LPRO	List Profiles Menu

NOTE: A new field, Short ID, has been added to the Facility Profile Edit option. You enter a short ID (e.g., WR, BE, WG) for the specified facility. The system displays the short ID on the PAS booking screens so you can determine to which medical treatment facility the appointment is being booked.

## List Profiles Menu option:



Local

- 6 Emergency Room Clinic Profile List
- 7 Emergency Room Provider Profile List

Regional

- 1 Facility Profile List
- 2 Division Profile List
- 3 Clinic Profile List
- 4 Provider Profile List
- 5 Appointment Type List

Templates Menu Option:

Local

NONE

Regional

- CTEM Create/Edit Daily Template
- RTEM Replicate Daily Template
- WTEM Weekly Template Create/Edit
- PTEM Print Daily/Weekly Template
- DTEM Delete Template

Schedules Menu Option:

Local

NONE

Regional

- CSCH Create Schedules
- OSCH Open Schedules
- RSCH Replicate Schedules
- PSCH Print Clinic/Provider Schedules
- MSCH Maintain/Cancel Schedules Menu

Notify Patients Menu (Cancel, No-Show, Wait List) options:

Local

NONE

Regional

CNOT Cancellation Processing (Mail/Phone)  
NNOT No-Show Processing (Mail/Phone)  
RNOT Repeat No-Show & Strong Notice Processing  
WNOT Wait List Processing (Mail/Phone)

Management Reports Menu options:

Local

AMGR Ambulatory Diagnoses/Procedures Reports Menu  
MMGR Miscellaneous Reports Menu  
PMGR Problem Avoidance Reports Menu  
SMGR Statistical & Workload Reports Menu

Regional

PMGR Problem Avoidance Reports Menu  
SMGR Statistical & Workload Reports Menu

Ambulatory Diagnoses/Procedures Reports Menu options:

Local

1 Top Ambulatory Diagnoses Report  
2 Top Ambulatory Procedures Report  
3 Top Ambulatory DX/PX Report by PATCAT

Regional

NONE

Miscellaneous Reports Menu options:

Local

2 Daily Outpatient Encounter Forms (Division/All)  
3 Patient Registration Report  
4 Primary Provider Report

Regional

NONE

Problem Avoidance Reports Menu options:

Local

1 Delinquent End-of-Day Processing Report

4 Unanswered Telephone Consults Report

Regional

2 Problem Avoidance Report  
3 Schedule Deficiency Monitor Report  
5 Wait List Management Report

Statistical & Workload Reports Menu options

Local

2 Clerk Workload Recap Report  
3 Clerk Workload Report

Regional

1 Appointment Utilization Report  
2 Clerk Workload Recap Report  
3 Clerk Workload Report  
4 Clinic Workload Report  
5 Command Facility Workload Recap Report  
6 Facility Cancellation Statistical Report  
7 Initial and Follow-up Clinic Visit Report  
8 Monthly Statistical Report  
9 Next Available Appointment Report  
10 No-Show Statistical Report  
11 Patient Cancellation Statistical Report

Operational Rosters & Displays Menu options:

Local

3 Inpatient Ward Roster for Today  
4 PAS DEERS Ineligibility Report

Regional

1 Consolidated OR Provider Roster (One Clinic)  
2 Consolidated Roster (ALL Clinics)  
4 PAS DEERS Ineligibility Report  
5 Print/Display Provider Roster  
6 Provider Roster (ALL Clinics)  
7 Wait List - Automatic Booking Roster  
8 PAS Discrepancy Avoidance Report

File/Table Maintenance Menu option:

Local

AFIL    Activate/Inactivate Clinic Provider  
CFIL    Create A New Clinic  
EFIL    Enter/Edit MEPRS Codes/COST POOL Codes  
MFIL    Method of Transit Enter/Edit  
OFIL    Outpatient Disposition Enter/Edit  
PFIL    PAS Mailer Menu  
TFIL    Trackable Entity Enter/Edit

Regional

BFIL    Booking Service Type Enter/Edit  
SFIL    Schedule Modification Reason Enter/Edit  
WFIL    Wait List Priority Enter/Edit

Batch Reports & Utilities Menu option:

Local

2       Aviation Medicine Report  
3       Change Division of a Clinic  
4       Clean Up Appointment Global  
5       Command Security Program Report  
7       Military No-Show Report  
8       PAS DEERS Inquiries  
9       PAS Weekly Data Clean Up  
10      Print PAS Mailer Notices

Regional

1       Available Schedule Monitor Bulletin  
3       Change Division of a Clinic  
4       Clean Up Appointment Global  
6       Frozen Slot Monitor Bulletin  
8       PAS DEERS Inquiries  
9       PAS Weekly Data Clean Up  
11      Schedule Problem Avoidance Report

User PAS Menu option:

Local

AUSR    Assign PAS Primary Clinic Location  
LUSR    List PAS Users  
PUSR    Print PAS User

Regional

AUSR    Assign PAS Primary Clinic Location  
LUSR    List PAS Users  
PUSR    Print PAS User

Clerk Scheduling Menu option:

Local

USV	Unscheduled Visit (Walk-In, Tel-Con, S-Call)
DPA	Display Patient Appointments
IPC	Individual Patient Check-In
MCD	Multiple Check-In by Default
EOD	End-of-Day Processing/Editing
SDP	Single Patient Diagnoses/Procedures Enter/Edit
ORM	Operational Reports Menu
TRM	Track & Request Medical Records Menu

Regional

BOK	Book Appointments
CBP	Cancellation by Patient
DPA	Display Patient Appointments
AOP	Appointment Order Processing
NOT	Notify Patients Menu (Cancel, No-Show, Wait List)
WLR	Wait List Requests
RDM	Registration & DEERS Menu
ORM	Operational Reports Menu

Registration & DEERS Menu options:

Local

DRDM	Interactive DEERS Eligibility Request
MRDM	Mini Registration
VRDM	View Patient DEERS Status

Regional

DRDM	Interactive DEERS Eligibility Request
MRDM	Mini Registration
VRDM	View Patient DEERS Status

Operational Reports Menu Option:

Local

4	Daily Outpatient Encounter Forms (Clin/Prov/Indv)
5	Inpatient Ward Roster for Today
6	Outpatient Disposition Roster
7	Patient Visit Summary Report
10	Unanswered Telephone Consults Report

Regional

- 2 Clinic Schedule Summary
- 3 Consolidated OR Provider Roster (One Clinic)
- 8 Print/Display Provider Roster
- 9 Provider Schedule Summary

Using the BFIL Booking Service Type Enter/Edit option, the system allows you to group the same service from each local CHCS system under a generic service type at the regional level. As part of the Pre-CRSP File and Table build, each service in the Department and Service file at each site will have a unique identifier appended to its name (e.g., Internal Medicine WR, Internal Medicine BE, Internal Medicine MG). During the Post-Installation File and Table build, a new generic entry (e.g., Internal Medicine) will be created in the Service Type file.

After you enter the service type, the system prompts you to enter the different services across the region that should be linked to the specified service type.

After you file the new service type, the regional appointment booking clerk is able to book appointments across the different MTFs by selecting Service Type as the primary search criteria and entering Internal Medicine at the Select SERVICE TYPE prompt. The use of BOOK Appointments option (BOK) is described below.

When you have access to regional scheduling, the system allows you to search across MTFs for all available appointment slots. After you select the BOOK Appointments option (BOK) on the PAS Regional Scheduler Clerk Scheduling Menu, the system displays the Booking Search Criteria screen and action bar.

**SELECT (C)HANGE SEARCH CRITERIA, (B)ROWSE, (W)AIT LIST ADD,  
(M)ULTIPLE CLINIC, (F)AMILY, OR (Q)UIT: C//**

The default for the Booking Search Criteria action bar is set to C for Change Search Criteria. Accept the default by pressing <Return>. The system then displays a list of the search criteria in the middle window of the Booking Search Criteria screen.

#### **USE SELECT KEY TO SELECT SEARCH CRITERIA TO BE CHANGED**

When you select Service Type from the list of Booking Search Criteria displayed in the middle window of the Booking Search Criteria screen, the system allows you to search across all MTFs to which you have access.

#### **SELECT SERVICE TYPE:**

After you enter the Service Type for which to search, the system prompts you for the MTF.

The system displays, in the middle window of the Booking Search Criteria screen, the list of MTF(s) to which you have access. The system prompts you to select the appropriate MTF(s) for the appointment search.

#### **USE THE SELECT KEY TO SELECT MTF FOR APPOINTMENT SEARCH**

The system positions the cursor in the middle window of the Booking Search Criteria screen and allows you to select one or more MTF(s). After you select the MTF(s) for the appointment search, the system redisplayes the Booking Search Criteria action bar.

**SELECT (C)HANGE SEARCH CRITERIA, (B)ROWSE, (S)INGLE PATIENT, (W)AIT LIST ADD, (M)ULTIPLE CLINIC, (F)AMILY, OR (Q)UIT: S//**

The default for the Booking Search Criteria action is set to S for Single Patient. After you press <Return> to accept the default, the system searches across the MTFs selected for all available appointments in each clinic linked to the service type selected. When the search is completed, the system displays, in the middle window of the Single Patient Booking screen, list of the clinics with available appointments that match the search criteria entered.

The system displays the first available appointment in each clinic that meets the search criteria. The appointment data includes the following:

- Appointment day
- Appointment time
- Appointment date
- Clinic name
- Clinic division
- Clinic MTF.

The system positions the cursor in the middle window of the Single Patient Booking screen and allows you to select the appropriate clinics for appointment booking.

#### **USE SELECT KEY TO SELECT CLINIC FOR APPOINTMENT BOOKING**

Once you select a clinic(s), the system displays the available appointments in date/time order. The appointment data includes the following:

- Appointment day
- Appointment time
- Appointment date
- Appointment type
- # of patients per slot/# of appointments booked
- Clinic abbreviation

Division  
Provider.

The system positions the cursor in the middle window and allows you to scroll through the list of available appointments for the selected clinic. The system prompts you as follows:

**USE SELECT KEY TO SELECT APPOINTMENT(S) TO BE BOOKED  
PRESS F9 TO VIEW ADDITIONAL APPOINTMENT DATA**

If you select an available appointment for booking, the system prompts as follows:

**SELECT PATIENT:**

If you do not find an appointment in the selected clinic that meets the patient's needs, the system allows you to press <Return> to redisplay the list of all the clinics that have available appointments based on the search criteria entered.

Once you view the appointment data and press return to continue, the system redisplay the Single Patient booking screen.

NOTE: The Single Patient Booking screen at the regional scheduler level, now includes the following fields:

MTF  
Division abbreviation.

When you enter the patient name, the system checks the regional scheduler database. Patient registration is discussed above.

After you have mini-registered the patient or verified the patient data on the Demographics Display screen and accepted the default to continue, the system displays the File Appointment screen.

**SELECT (D)ELETE/PRINT APPOINTMENT ORDERS/WAIT LIST REQUESTS, (B)OOK  
APPT, OR (Q)UIT FILE APPOINTMENT: B//**

After you verify the appointment selection and accept the default to book the appointment, the system displays the File Appointment screen and allows you to book the appointment.

NOTE: The File Appointment screen in the PAS Book Appointments (BOK) option, at the regional scheduler level, now includes the following fields:

Division abbreviation  
O/S Rec Loc, off-site record location where the specified  
patient's patient records are stored.



The regional scheduler system stores a patient's medical record Home Location (i.e., O/P REC LOC) in the O/S REC LOC field as free text. This data displays on the File Appointment screen in the Book Appointments (BOK) option as display only. If the patient is unknown (i.e., newly registered) on the regional scheduler system, the O/S REC LOC field is blank. The system checks this field every time an appointment at the regional scheduler level is booked. The system determines if the patient appointment being scheduled is in a clinic in the same MTF division where the patient's medical records are stored. If it is not, the system displays the following prompt in reverse video on the File appointment screen:

#### **HAND CARRY PATIENT RECORDS**

and populates the O/S Rec Loc with the location of the records.

```
[[SEARCH:SCHEDULING SUPERVISOR
[:K:Profile Menu options - Differences/New Development
SCHEDULING SUPERVISOR MENU
PROF Profiles Menu
```

#### **PROVIDER PLACE OF CARE INACTIVATION**

CHCS allows you to inactivate or reactivate a provider or a place of care in either Patient Appointment Scheduling (PAS) or Managed Care Program (MCP). In addition, CHCS allows you to inactivate providers and DBA Inactivate providers and hospital locations through the Data Administration Menu and Provider Merge Menu.

The ability to MTF Inactivate or DBA Inactivate a Provider, and DBA Inactivate a Hospital Location is limited to Database Administrators who hold the required security keys. For more information on DBA read the DAA release notes.

An authorized user can enter a past date, today's date or a future date as an inactivation date and inactivate either the provider or place of care regardless of any discrepancies found (i.e., pending appointments, wait list requests, or Primary Care Manager (PCM) assignments). You are prompted to generate the Discrepancy Avoidance Report(DAR), if any discrepancies are found. The system performs a discrepancy check to search for any pending appointments booked in either PAS or MCP and displays them on the DAR. If any of those appointments booked through MCP or PAS are associated with a referral (through enrollee lockout checks/functions in PAS), the referral number displays on the DAR.

All providers or places of care can be selected for the DAR when

using the DAR Menu options. When the system prompts you to generate the DAR during an inactivation, the report shows only the provider or place of care being inactivated.

The system automatically generates a mail bulletin to the appropriate mail group (SDSMGR or CPZMGR) notifying its members of the discrepancies found. The members of the mail group are responsible for resolving those discrepancies (i.e., reschedule pending appointments linked to an inactivated provider, modify wait list requests, and reassign patients to a different PCM).

Previously in the PAS module, the system allowed you to enter a past date, today's date or a future date. When the inactivation date occurred and the record was filed, the inactivation occurred immediately. The system did not check for any pending appointments, wait list requests or PCM assignments linked to the inactivation.

Previously in the MCP module, the system only allowed you to enter an inactivation date in the future. The system then checked for pending appointments, wait list requests and PCM assignments linked to the inactivation. If any discrepancies were found, the system prompted you to generate a DAR. All discrepancies linked to the inactivation had to be resolved before the inactivation could occur.

Now in the PAS and MCP modules, inactivation/Reactivation of providers or places of care occurs immediately on the inactivation/reactivation date. "Immediately" means as soon as the record is filed if entering today's date or a past date. For example, if you inactivate a provider today, then you can no longer create schedules, book appointments, make wait list requests, or do PCM assignments for the specified provider. If you enter a future date, "immediately" means on the occurrence of that date after the record is filed.

Entering any of the following data elements causes the system to inactivate or reactivate (if the inactivation date is deleted or a reactivation entered) the specified provider, clinic or place of care:

Data Element	File/Field
Inactivation Date	Hospital Location
Activation Status	Hospital Location
Inactivation Date	MCP Provider Group
POC Inactivation Date	MCP Provider Group
POC Reactivation Date	MCP Provider Group
POC Inactivation Reason	MCP Provider Group
POC Inactivation Date	MCP Provider Group

POC Reactivation Date	MCP Provider Group
POC Inactivation Reason	MCP Provider Group
MCP Inactivation Date	MCP Provider
Inactivation Reason	MCP Provider
POC Inactivation Date	MCP Place of Care
POC Reactivation Date	MCP Place of Care
POC Inactivation Reason	MCP Place of Care

When you inactivate a provider or a clinic/place of care, the system checks for any discrepancies in both PAS and MCP.

The following PAS options are affected by this enhancement:

```

PAS -> S -> PROF -> CPRO
PAS -> S -> PROF -> PPRO
PAS -> S -> ORDM -> 8
PAS -> S -> FILE -> AFIL

```

#### **FPRO Facility Profile Edit**

You are now allowed to enter a number between 1 and 14, as designed, in the DEERS Batch Pull field. (SIR 26879) (SCC 970700421)

#### **HPRO Host Platform PAS Profile Edit**

This option was previously called Facility Profile Edit (FPRO).

#### **CPRO Clinic Profile Edit**

##### **I. PROVIDER PLACE OF CARE INACTIVATION**

Inactivate/Activate a Clinic in the Hospital Location File

The following sequence of operations enables you to inactivate/reactivate a PAS clinic.

1. The system prompts you to select the clinic and active or inactive appointment types. Once you have entered the data, the system displays the Clinic Profile for the specified clinic.
2. Press <Return> to advance through the clinic profile fields to the Activation Status field.
3. Inactivate the specified PAS clinic by setting the Activation Status field in the Clinic Profile to NOT ACTIVATED.
4. The clinic inactivation becomes effective immediately after filing the record. You cannot create schedules, book

appointments or enter wait list requests for any providers linked to the inactivated clinic. The inactivated clinic no longer appears on the clinic picklists.

5. The system checks for any discrepancies (pending appointments, wait list requests, and PCM assignments) linked to the inactivation. If any discrepancies are found, the system displays the message:

**DISCREPANCIES LINKED TO THIS LOCATION: [CLINIC NAME] WERE FOUND**

and prompts you to generate the DAR. The report lists any pending appointments/wait list requests for PAS and MCP appointments or PCM assignments for all providers linked to the inactivated clinic.

6. The system generates mail bulletins to SDSMGR mail group when the inactivation takes place and reminds you to generate the DAR to check for any discrepancies for the specified providers.
7. You can reactivate the clinic by changing the Activation Status from Not Activated to Activated.

Refer to **PAS -> S -> PROF** for greater detail.

## II. DIVISION SCHEDULE SEARCH

CHCS has been modified to correctly display all available appointment slots for those providers in clinics across divisions linked to the specified service entered as the primary search criteria. The search is applicable across all divisions to which you have access.

### IMPORTANT:

In order for the system to display all available appointment slots for those providers in clinics across divisions linked to the specified Service, there must be a File and Table build. Refer to: **CLERK SCHEDULING MENU -> BOK Book Appointments** for details.

The system no longer errors out when creating, printing, or maintaining schedules/templates for clinics. The Service field in the Clinic Profile now requires you to enter a Service whose Department has been defined. (SIR 21500)

When the "PRODUCE ENCOUNTER FORMS" field on the SD CLINIC PROFILE continuation screen is set to "NO", the Daily Outpatient Encounter Form will not print. In addition, the system will not queue this form to the DESKTOP. (SIR 24626)

## **PPRO Provider Profile Enter/Edit**

### **PROVIDER PLACE OF CARE INACTIVATION**

The system now allows you to print a DAR from this option.

You enter a past date, today's date or a date in the future in the Inactivation Date field. On the inactivation date entered, the provider's inactivation becomes effective immediately after you file the record. You cannot enter MCP appointments or enter wait list requests. The provider no longer appears on Provider booking picklists for the place of care for which the provider was inactivated. This type of inactivation does not affect any PAS/MCP Workload Reports.

The system checks for any discrepancies linked to the inactivation. If any discrepancies are found, the system prompts you to generate a DAR. The report lists any pending appointments/wait list requests or PCM assignments linked to the specified provider at the specified place of care.

The system generates mail bulletins to the CPZMGR mail group when the inactivation takes place and reminds you to generate the DAR. The discrepancies identified must be resolved for the specified provider.

After the provider has been inactivated in the specified place of care and the Inactivity Period (as defined in the Facility Profile) has passed, the system notifies the SDSMGR/CPZMGR mail group through a mail bulletin when the inactivated PAS provider profile, templates, and schedules are to be deleted. At the same time, the system sets the Purge Notification Date to T+7. The Purge Notification is the date after which an inactivated provider's profile, templates and schedules are deleted by the SD WEEKLY CLEANUP routine. The SD WEEKLY CLEAN UP routine runs weekly to delete profiles, templates and schedules of all inactivated providers that have the Purge Notification Date in the Provider file set accordingly. Once these templates, schedules and profiles have been deleted, the system sends another bulletin to the SDSMGR mail group notifying the members of the deletions.

You reactivate the provider in the specified place of care by deleting the Inactivation date previously set prior to the system deleting the specified provider's profile, templates and schedules.

Refer to **PAS -> S -> PROF** for greater detail.

**LPRO List Profiles Menu**  
**4 Provider Profile List**

You may now print provider profiles by clinic for clinics with a location type of S. (SIR 27058)

**TEMP Templates Menu**

**CTEM Create/Edit Daily Template**

When you edit an existing two-page template, select to Add Slots then display the template, a prompt displays at the bottom of the first page, **PRESS <RETURN> TO CONTINUE.**

The system no longer displays an error when "^" is entered instead of <Return>. (SIR 23607)

**SCHE Schedules Menu**

**CSCH Create Schedules**

The PAS Weekly Data Clean Up routine deletes providers who are inactivated in the Provider file.

**PAS -> SCH -> BRPT -> 9**

When two providers have the same name and one is active and one is inactive, the system will no longer delete both providers' schedules from the scheduable entity file. (SIR 16017) (SCC 921000422)

**PSCH Print Clinic/Provider Schedules**

Clinic schedules requested for all providers for (T) now correctly print. Previously CHCS produced a system error when this parameter was selected. (SIR 22231)

**MGRM Management Reports Menu**

**PMGR Problem Avoidance Reports Menu**

**5 Wait List Management Report**

When you select to print the Wait List Management report for all the divisions in the facility, the system now prints all the data for all the divisions in the facility. (SIR 27526) (SCC 971000242)

**SMGR Statistical & Workload Reports Menu**

**1 Appointment Utilization Report**

The system prints the Appointment Utilization Report correctly

listing each clinic's assigned Providers. (SIR 26528) (SCC 970200582)

## **8 Monthly Statistical Report**

The Monthly Statistical Report will now correctly run when you assign "Same Day Surgery" in the "Hospital Location Type." (SIR 23276) (SCC 950800270)

## **9 Next Available Appointment Report**

The Next Available Appointment Report displays the next available appointment date in the detailed portion of Clinic by Provider and the Clinic Summary portion of the report. The report will now display the same correct date for the next available appointment for appointment type ADNU4. (SIR 25709)

[[SEARCH:Roster of Kept Appointments  
[:K:...

### **RAPV Roster of Kept Appointments**

#### **AMBULATORY PROCEDURE VISIT**

The new RAPV menu option allows you to generate a Roster of Kept Appointments report. You may use this report to identify any missing or incorrect data. Access the APV Minutes of Service Enter/Edit (MAPV) option to access the desired appointment(s) to complete or correct the data.

The report lists all APV appointments which have two data elements critical for calculating APV Minutes of Service: (1) an Appointment Status of KEPT; and (2) an Arrival Date/Time which falls within a user-selected date range.

The report is sorted by date, group, and division. You may also choose to sort by APV Tracking Number, Type of Disposition, or Hospital Location. Patients who meet the search criteria are listed alphabetically by Patient Name.

PAS Supervisors assigned the SD APV KEPTROSTER security key have access to the RAPV option. Other authorized users assigned this security key access the RAPV option on their secondary menu.

## **ORDM Operational Rosters & Displays Menu**

### **4 PAS DEERS Ineligibility report**

Previously, when sorted by Division, output from the PAS DEERS

Ineligibility Report did not include a second sort by Clinic. The PAS DEERS Ineligibility Report now has a second sort by Clinic, with a page break between clinics. This second sort eliminates the need for site personnel to make numerous copies of the report or to cut the report into sections to retrieve data for individual clinics.

This change applies to both parts 1 and 2 of the report. (SIR 25851)

## **8 Discrepancy Avoidance Report**

### **PROVIDER PLACE OF CARE INACTIVATION**

The following sequence of operations enables you to generate a DAR for a provider or clinic. The DAR is available in both PAS and MCP. The discrepancy checks identify any pending appointments booked in PAS or MCP. The pending appointments display on the DAR.

#### **PAS -> S -> ORDM -> 8**

1. The system prompts you to select (C)linic, (P)rovider, or (B)oth.
2. If you select the (C)linic action, the system prompts you to enter the name of the clinic for which you wish to generate the DAR. All providers or places of care may be selected for the DAR when using the DAR Menu option.
3. If you select the (P)rovider action, the system prompts you to enter the name of the provider for which you wish to generate the DAR.
4. If you select the (B)oth action, the system prompts you to enter the specified clinic and then, the name of the provider for which you wish to generate the DAR.
5. The system then prompts you for the output device and generates the DAR.

Refer to **PAS -> S -> PROF** for greater detail.

## **FILE File/Table Maintenance Menu**

### **AFIL Activate/Inactivate Clinic Provider**

#### **PROVIDER PLACE OF CARE INACTIVATION**

Inactivate/Reactivate a Provider in a Specific Hospital Location

The following sequence of operations enables you to inactivate/reactivate an MTF provider in a PAS Clinic:



1. The system prompts you for the clinic. Once you have entered the clinic, the system then prompts you to select the provider to inactivate.
2. Select the provider. The system displays the SD REACTIVATE HCP CONTINUATION screen and prompts you to verify the provider and enter the inactivation date. The name of the provider selected defaults in the Provider field. Verify the provider.
3. You enter a past date, today's date or a future date as an inactivation date. Inactivation takes place immediately after the record is filed on the date entered. You cannot enter/edit the provider's profile, templates or schedules, nor can you book appointments. The providers name does not appear on any provider picklist (i.e., PAS booking, provider searches, wait list requests) linked to the specified clinic from which the provider is inactivated.
4. The system checks for any discrepancies (pending appointments, wait list requests, PCM assignments) linked to the inactivation. If any discrepancies are found, the system displays the message:

**DISCREPANCIES LINKED TO THIS PROVIDER: [PROVIDER NAME] WERE FOUND**

and prompts you to generate a DAR. The report lists any pending appointments/wait list requests or any PCM assignments linked to the specified provider at the specified clinic. All discrepant appointments, booked either through PAS or MCP, are listed in the DAR.

5. The system generates a mail bulletin to the SDSMGR mail group when an inactivation takes place and reminds the users to generate the DAR. The discrepancies identified in the DAR must be resolved for the specified provider.
6. Once you inactivate the provider and the Inactivity Period (as defined in the Facility Profile) has passed, the system notifies the SDSMGR mail group through a mail bulletin when inactivated PAS provider's profiles, templates, and schedules are to be deleted. At the same time, the system sets the Purge Notification Date to T+7. The Purge Notification Date is the date after which an inactivated provider's profiles, templates and schedules are deleted by the SD WEEKLY CLEANUP routine. The SD WEEKLY CLEAN UP routine runs weekly to delete the profiles, templates and schedules of all inactivated providers that have the Purge Notification Date in the Provider file set accordingly. Once these templates, schedules and profiles are deleted, the system sends another bulletin to the SDSMGR mail group, notifying

the members of the deletions.

7. Reactivate a provider by deleting the Inactivation Date set for the specified provider in the Activate/Reactivate Clinic Provider option prior to the system deleting the specified providers profiles, templates and schedules.

Refer to **PAS -> S -> PROF** for greater detail.

#### **PFIL PAS Mailer Menu**

##### **PML Print PAS Mailers**

##### **PAS MAILERS SORT**

The PAS mailer can be printed for a division, for a group of divisions, or for the entire facility. This enhancement allows you to sort the PAS mailers by department or by clinic.

Sorting PAS mailers by department or by clinics for the entire facility continues to produce mailers across multiple divisions.

#### **BFIL Booking Service Type Enter/Edit**

The new option, Booking Service Type Enter/Edit, allows you to Enter/Edit a Service Type to group similar services, from the different divisions, under a generic service type.

In the PAS Book Appointments option, you may select Service Type from the list of search criteria. By selecting Service Type as the primary search criteria, the system allows you to search for available appointments across all divisions to which you have access.

#### **BRPT Batch Reports and Utilities Menu**

##### **9 PAS Weekly Data Clean Up**

The system now correctly deletes an inactivated Group Provider from the clinic Provider Profiles when the PAS Weekly Data Clean Up report is run. (SIR 19327)

The PAS Weekly Data Clean Up routine deletes providers who are inactivated in the Provider file.

##### **PAS -> SCH -> BRPT -> 9**

The system now correctly deletes the cross-references in the Scheduable Entity file (i.e., "AS5", "AS6", and "AS7").

When the providers are reactivated the appointments are now visible and available for booking. (SIR 21073) (SCC 941200346)

## CLERK SCHEDULING MENU

For those patients who have multiple Wait List requests and/or appointment orders, the system now correctly deletes a wait list request or appointment order when **(D)ELETE APPOINTMENT ORDERS/WAIT LIST REQUESTS** action is selected from the action bar. CHCS no longer displays a system error. (SIR 25204)

The options affected on the Clerk Scheduling Menu are:

- o Book Appointments
- o Unscheduled Visit.

See the Health Care Finder Menu for other options affected by this change including:

- o PCM Booking
- o Appointment Referral Booking
- o Non-Enrolled Booking.

[[SEARCH:BOK

[:K:Book Appointments Option - New Development

**BOK Book Appointments**

### I. Display DEERS

The DEERS database contains the PCM phone number, PCM location, ACV, and DMIS ID from DEERS for the patient not enrolled on local CHCS but enrolled on another CHCS system. This information is stored in the Patient file and displays when a remotely enrolled patient tries to access care in the local health care system.

Enrollment information in the patient's DEERS file including the ACV (code and description), DMIS ID (code and description), Region Code, PCM phone, PCM location, date of last DEERS check, Direct Care eligibility information displays on the Enrollment/Empanelment Information screen for Mini and Full Registration for both locally empaneled and remotely enrolled patients with ACVs of Active Duty (A), TRICARE Senior Option (D), or CHAMPUS (E). For patients with an ACV of C or N, a prompt allows the user to display the eligibility information in Mini Registration.

When a PAS clerk attempts to book an appointment for an enrollee/empanelee using the BOK option in a clinic which has enrollee lockout activated, the following message and PCM information displays:

**THIS PATIENT IS CURRENTLY EMPANELED OR ENROLLED IN TRICARE AND**

SHOULD BE APPOINTED WITH HIS/HER DESIGNATED PRIMARY CARE  
MANAGER (PCM) OR HAVE A REFERRAL IN CHCS AUTHORIZING CARE FOR  
THIS VISIT

PCM: XYZ PROVIDER

PCM TELEPHONE: XXX-XXXX

PLACE OF CARE: XYZ CLINIC

LAST DEERS CHECK: 10FEB2001

NOTE: The PCM name displays only when the patient is locally  
enrolled/empaneled.

Previously, a different message displayed for Primary Care,  
Specialty Care, or Both (both Primary Care and Specialty Care. The  
message displayed for locally enrolled patients only.

## II. ACROSS DIVISION BOOKING

CHCS has been modified to correctly display all available  
appointment slots for those providers in clinics across divisions  
linked to the specified Service entered as the primary search  
criteria. The search is applicable across all divisions to which  
you have access.

1. The system displays the Book Search Criteria screen and action  
bar and prompts you to change the search criteria. If you  
select **(C)hange**, the system displays a list of the booking  
search criteria.

If you select **Service Type** as the primary search criteria, the  
system prompts you to enter the Service for which you wish to  
search for available appointments.

2. Select the **(S)ingle Patient** action from the action bar.

The system then searches across all divisions to which you have  
access and displays the available appointments.

3. Select an appointment to book OR position the cursor next to  
the appropriate appointment and press **<F9>** to view additional  
appointment information.

### IMPORTANT:

- (1) In order for the system modification to take effect, there  
must be a File and Table build:

- a. M/SQL V2.0 must be installed at the site. The Hospital  
Location file must be remapped within M/SQL to reflect  
changes in the data dictionary.

- b. Clinic profiles in the individual divisions must be correctly set up to support this function.

A conversion is run to repoint the Specialty field to the Provider Specialty file and to delete the entries previously entered.

**Menu Path: PAS -> S -> PROF -> CPRO**

The system prompts you to enter the clinic name and active or inactive appointment types.

Specify the clinic name and appointment type.

The SD Clinic Profile screen displays.

Enter the most common provider specialty for the specified clinic.

(2) This function supports:

- Centralized Regional Scheduler Project for Region 1
- PAS/MCP booking capabilities, allowing you to book across the divisions to which you have access.

[[SEARCH:schedule the APV appointment  
[:K:...

### III.AMBULATORY PROCEDURE VISIT

When an APV appointment is requested through CLN Order Entry, existing PAS functionality is used to schedule the appointment. An APV Appointment Request (APR Order) is initiated by the Order Entry software and then scheduled by PAS through the existing AOP option.

If no APV Appointment Request exists in AOP, but an appointment is requested through other means, such as a telephone call, APU personnel can schedule the APV appointment using the existing BOK option on the PAS Clerks menu. This will automatically create an APR Order and APV Page in Order Entry.

You cannot delete an APV appointment request through the AOP option when there are active or future orders associated with the APR Order. If you attempt to do so, a notification message displays.

### IV. SERVICE TYPE

The Service field on Booking Appointments option screens has been changed to Service Type. Service Type is one of the booking search

criteria selections.

Two new fields, Division and MTF, have been added to the booking screens.

When you enroll a beneficiary to a group PCM in which none of the individual providers within the group are defined as PCMs, all of them are considered to be PCMs and they can be accessed/booked for this particular beneficiary in PCM booking and PAS booking. (SIR 26253) (SCC 970100721)

[[SEARCH:Create APV Record  
[:K:...

**TRM Track & Request Medical Records Menu**  
**APV Create APV Record**

AMBULATORY PROCEDURE VISIT

The existing PAS Record Tracking option, APV, has been added to the TRM Menu. This allows you to create an APV Record for each APV encounter from the Clerk Scheduling Menu. The appointment must be booked before the medical record may be created. You may then enter PAS check-in data.

APU personnel assigned the SD APV security key have access to the APV menu option.

**USV Unscheduled Visit (Walk-In, Tel-Con, S-Call)**

When a PAS clerk attempts to book an appointment for an enrollee/empanelee using the BOK option in a clinic which has enrollee lockout activated, the following message and PCM information displays:

**THIS PATIENT IS CURRENTLY EMPANELED OR ENROLLED IN TRICARE AND  
SHOULD BE APPOINTED WITH HIS/HER DESIGNATED PRIMARY CARE MANAGER  
(PCM) OR HAVE A REFERRAL IN CHCS AUTHORIZING CARE FOR THIS VISIT**

<b>PCM: XYZ PROVIDER</b>	<b>PCM TELEPHONE: XXX-XXXX</b>
<b>PLACE OF CARE: XYZ CLINIC</b>	<b>LAST DEERS CHECK: 10FEB2001</b>

NOTE: The PCM name displays only when the patient is locally enrolled/ empaneled.

Previously, a unique message for each type of Enrollee Lockout clinic (Primary Care, Specialty Care, or Both (both Primary Care and Specialty Care)) was displayed for locally enrolled patients only.

The system will no longer delete schedules when you **(B)rowse** in Book Appointments and then use the **(J)oin slots** option. (SIR 25716) (SCC

960301153)

#### **CBP Cancellation by Patient**

An appointment canceled using the CBP option will now be available for booking from the Wait List requests. Previously, if you answered Yes to the rebooking but **(Q)uit** from the wait list function without booking the appointment, the canceled appointment was not available for booking under Single Patient, Block, Multiple Clinic, or Family booking. (SIR 21939).

#### **DPA Display Patient Appointments**

Previously, when a patient was scheduled for an exam through Radiology functionality, the appointment displayed in the Display Patient Appointment option with a status of PENDING. Consistent with the design of this option, CHCS no longer displays the Radiology appointment in DPA. (SIR 26435) (SCC 970200471)

#### **IPC Individual Patient Check-In**

##### **AMBULATORY PROCEDURE VISIT**

In addition to IPC, you may use one of the PAS options MCD, or EOD on the Clerk Scheduling Menu or the new MAPV option on the VAP Menu to check in an APV patient. Reference key word "check in an APV patient" for more detail.

The SF600 (Outpatient Encounter Form) now correctly prints with the footer on the first page when data is entered in the Additional Comments. (SIR 27050) (SCC 970800906)

#### **MCD Multiple Check-In by Default**

##### **AMBULATORY PROCEDURE VISIT**

In addition to MCD, you may use one of the PAS options IPC, or EOD on the Clerk Scheduling Menu or the new MAPV option on the VAP Menu to check in an APV patient. Reference key word "check in an APV patient" for more detail.

[[SEARCH:AOP

[:K:Appointment Order Processing

#### **AOP Appointment Order Processing**

##### **I. DISPLAY APPOINTMENT PRIORITY**

Previously, the PAS Appointment Order Processing (AOP) option

screen displayed a numerical code for the appointment order priority (e.g., "1").

The PAS AOP option was modified to display (on the PAS AP screen) the patient military status (beneficiary category code) in abbreviated format (e.g., AD = Active Duty) and the priority associated with the appointment order (e.g., STAT, ASAP, ROUTINE).

The FileMan access code, Ss is required to access this option.

Detailed Workflow:

1. Enter a clinic name.
2. Enter a start date.
3. Enter an end date.

The system displays the Appointment Order Processing screen which includes the beneficiary category and the appointment priority.

## II. AMBULATORY PROCEDURE VISIT

When an APV appointment is requested through CLN Order Entry, existing PAS functionality is used to schedule the appointment. An APV Appointment Request (APR Order) is initiated by the Order Entry software and then scheduled by PAS through the existing AOP option. If no APV Appointment Request exists in AOP, but an appointment is requested through other means, such as a telephone call, APU personnel can schedule the APV appointment using the existing BOK option on the PAS Clerk's menu. This will automatically create an APR Order and APV Page in Order Entry.

You cannot delete an APV appointment request through the AOP option when there are active or future orders associated with the APR Order. If you attempt to do so, a notification message displays.

A system error is no longer displayed when you book or delete an Appointment Order created through **CLN -> NURSING MENU -> ORE**. (SIR 25907) (Companion SIR 26047) (SCC 961000939)

A system error no longer occurs when you enter a new specialty in USAE User Enter/Edit in the provider screen after an order has been processed through AOP. (SIR 26483)

## **EOD End-of-Day Processing/Editing**

### AMBULATORY PROCEDURE VISIT

Use one of the three PAS options (IPC, MCD, or EOD on the Clerk



Scheduling Menu) or the new MAPV option on the VAP Menu to check in an APV patient. Reference key word "check in an APV patient" for more detail.

When you book an appointment for a clinic you may enter a MEPRS code for the appointment that is different from the clinic default MEPRS code. When the appointment status is changed from pending to kept, the system now correctly retains the new code. (SIR 25013) (SCC 960401542)

The system correctly prevents EOD processing for appointments further than seven days in the past. (SIR 25450) (SCC 9960701264)

The system no longer displays a system error under the following conditions: you attempt to print an EOD report after selecting a clinic, a RESTRICTED time range and a date range. The appointment falls within the specified date range but not within the specified time range. (SIR 25695) (SCC 960800062)

After you edit the status of an appointment date/time that does not match the check-in date/time, you receive a warning message:

**THE CHECK-IN DATE MUST BE THE SAME AS THE APPOINTMENT DATE. PRESS RETURN TO CONTINUE.**

When you press <return>, the system now correctly takes you to the check-in date field and allows you to correct the date. (SIR 25841) (SCC 960800181)

The EOD report now correctly reflects the workload status of NON-COUNT as changed by the provider when entering information using the telephone consult option through the menu path: CA -> CLN -> PHY -> TEL. (SIR 27326) (971000081)

[[SEARCH:Ambulatory Procedure Visits  
[:K:...

**VAP Ambulatory Procedure Visits Menu**

#### AMBULATORY PROCEDURE VISIT

CHCS now provides Ambulatory Procedure Visit (APV) software enhancements to help ensure that cost of services is correctly reported for each outpatient whose care has been defined as an APV. An APV is a patient visit which consists of a 24-hour or less episode of care, in a hospital location which has been defined as an APU in the Hospital Location file.

APU locations are created in CHCS, allowing users to create schedules and book appointments for APV outpatients without admitting or

dispositioning these patients.

A Hospital Location is identified as an APU when the following value is set up:

"S" is entered in the Location Type field.

[[SEARCH:APV Minutes of Service Enter/Edit  
[:K:...

**MAPV APV Minutes of Service Enter/Edit**

**AMBULATORY PROCEDURE VISITS**

To support calculating APV minutes of service performed in APUs, you can now record data specific to APV encounters.  
The following data is stored for each APV:

- o APV Tracking Number
- o Arrival Date/Time
- o Start of Nursing Intervention Date/Time
- o Depart to Procedure Date/Time
- o Return from Procedure Date/Time
- o Disposition Date/time
- o Outpatient Disposition Type

[[SEARCH:check in an APV patient  
[:K:...

Use one of the three PAS options (IPC, MCD, or EOD on the Clerk Scheduling Menu) or use the new MAPV option on the VAP Menu to check in an APV patient.

When you enter "Kept" in the Appointment Status field using any one of the above options, the system automatically assigns an APV Tracking Number and an Arrival Date/Time. APV Tracking numbers are assigned sequentially and may not be edited. The format is: YYYY-MMDDnnnn (e.g., the APV Tracking Number for the fourth patient checked in for an APV encounter on the 12th of January 1997 is 1997-0112004).

You cannot file an appointment status of KEPT if one of the following conditions exists:

- o The patient is an inpatient.
- o The patient has a previous APV appointment which has an Appointment Status of KEPT with no corresponding value stored for the APV Disposition Date/time.
- o The patient has a previous Admission with a Disposition Date/Time which is later than the current APV Arrival Date/Time.

- o The patient has a previous APV appointment with a Disposition Date/Time which is later than the current APV Arrival Date/Time.
- o There is no APR Order associated with the APV appointment.

For the APV Minutes of Service to be correctly calculated, all date/time data must be entered either by a PAS clerk or by nursing personnel in the APU.

Using the value you enter in the Outpatient Disposition field (through the MAPV or EOD screen) and the arrival Date/Time, the system calculates the APV Minutes of Service for the APV encounter. If the calculation determines that the APV was greater than 23 hours and 59 minutes, the system enters a "Yes" in the "Exceeded 24-Hour APV Limit" field. The system also displays a warning message. The calculation includes only the time during which the patient is receiving some sort of service in the APU, not the time during which the procedure is being performed.

PAS APV personnel assigned the SD APV security key have access to the VAP menu option. The VAP option includes the options to record APV Minutes of Service data, and the related tasks of creating an Ambulatory Care Wristband, an Ambulatory Care Record Coversheet, and an Embossed Card.

PAS APV personnel assigned the SD APV MINSRV security key access the APV Minutes of Service Enter/Edit (MAPV) option on the VAP Menu. Other authorized users assigned this security key access the MAPV option on their secondary menu.

```
[[SEARCH:Ambulatory Care Wristband
[:K:...
```

**WAPV     Ambulatory Care Wristband**

AMBULATORY PROCEDURE VISIT

Three additional options on the VAP Menu support data processing related to checking in an APV patient. The WAPV option allows you to print an Ambulatory Care Wristband.

```
[[SEARCH:Ambulatory Care Record Cover Sheet
[:K:...
```

**CAPV     Ambulatory Care Record Cover Sheet**

AMBULATORY PROCEDURE VISIT

The CAPV option allows you to print a Record Coversheet.

```
[[SEARCH:Ambulatory Care Embossed Card
[:K:...
```

## **EAPV    Ambulatory Care Embossed Card**

### **AMBULATORY PROCEDURE VISIT**

The EAPV allows you to print an Ambulatory Care Embossed Card.

## **WLR    Wait List Requests**

You may now add a Wait List request for a patient to a Same Day Surgery clinic on the SD WAIT LIST ADD screen. (SIR 25490)

## **RDM    Registration & DEERS Menu**

### **MRDM    Mini Registration**

Enrollment information in the patient's DEERS file including the ACV (code and description), DMIS ID (code and description), Region Code, PCM phone, PCM location, date of last DEERS check, Direct Care eligibility information displays on the Enrollment/ Empanelment Information screen for mini registration for both locally empaneled and remotely enrolled patients with ACVs of Active Duty (A), TRICARE Senior Option (D), or CHAMPUS (E). For patients with an ACV of C or N, a prompt allows the user to display the eligibility information in Mini Registration.

[[SEARCH:ORM

[ :K:Operational Reports Menu

### **ORM    Operational Reports Menu**

#### **4    Daily Outpatient Encounter Forms**

The PAS Outpatient Encounter Form (SF600) is used to record patient appointment information (e.g., vital signs).

The SF600 now displays the following additional text fields: AGE, ALLERGIES, and INSURANCE YES/NO. This allows you to manually enter these values on the SF600.

1. The system prompts you to select the type of SF600 to print:  
Clinic, Provider, or Individual.
2. Select the type of SF600.

The system prompts you to enter a date and device.

3. Enter a date.
4. Enter a device.

The SF600 prints on the specified device and includes the new text fields: AGE, ALLERGIES, and INSURANCE YES/NO.

## **(I) Individual**

When the PRODUCE ENCOUNTER FORMS field on the SD CLINIC PROFILE continuation screen is set to NO, the Daily Outpatient Encounter Form will not print. In addition, the system will not queue this form to the DESKTOP. (SIR 24626)

### **EMERGENCY ROOM MENU**

#### **JER JACHO Control Register Print**

The system now correctly sorts the report by Emergency Room Log number. Previously the report was sorted by patient.

For a date range spanning 1999 to 2000 the system now sorts the report by Emergency Room Log number and again sorts so visits occurring before 2000 appear above visits occurring after the 2000 rollover. (SIR 20446)

#### **RER Registration Menu**

##### **1 Full Registration**

Enrollment information in the patient's DEERS file including the ACV (code and description), DMIS ID (code and description), Region Code, PCM phone, PCM location, date of last DEERS check, Direct Care eligibility information displays on the Enrollment/ Empanelment Information screen for full registration for both locally empaneled and remotely enrolled patients with ACVs of Active Duty (A), TRICARE Senior Option (D), or CHAMPUS (E). For patients with an ACV of C or N, a prompt allows the user to display the eligibility information in Mini Registration.

##### **8 Mini Registration**

Enrollment information in the patient's DEERS file including the ACV (code and description), DMIS ID (code and description), Region Code, PCM phone, PCM location, date of last DEERS check, Direct Care eligibility information displays on the Enrollment/ Empanelment Information screen for mini registration for both locally empaneled and remotely enrolled patients with ACVs of Active Duty (A), TRICARE Senior Option (D), or CHAMPUS (E). For patients with an ACV of C or N, a prompt allows the user to display the eligibility information in Mini Registration.

### **Miscellaneous**

When scheduled to run through TaskMan the SD Daily Encounter form now correctly prints and no longer displays a system error.

**Menu Path TM -> STT -> NO -> SD DAILY ENCOUNTER FORM**

(SIR 23604) (SCC 950900467)

At sites that have implemented the Divided Workcenter, the system allows you to designate a default division during the initial log-on session and thereafter allows you to temporarily switch between/among allowable divisions during a session. The system will no longer produce a system error if the schedulable entity is incorrectly cross-referenced. (SIR 25742) (SCC 961095742)

When you attempt to print the Outpatient SIDR Transmission to the screen by advancing through the device prompt, you now receive the warning message:

**YOU CAN'T PRINT TO HOME DEVICE.**

Previously the system overwrote the report when it was sent to the screen. Menu Path: **PAD -> OUT -> TRA** (SIR 24587)

When you print the Outpatient SIDR Transmission

**PAD -> OUT -> TRA**

you may enter ? at the prompt: Select Outpatient SIDR Transmission Month & Year. The following message displays:

**ENTER THE MONTH FOLLOWED BY THE YEAR**

**EXAMPLE: JAN**

**JAN 96 OR JAN96**

**JANUARY 1996 OR JANUARY1996**

**THE YEAR WILL DEFAULT TO THE CURRENT YEAR IF NOT SPECIFIED**

Previously, a different help message displayed. (SIR 24610)

When using FileMan and MailMan, the system prints PAS reports without a preceding and following blank page. (SIR 26117)

**3. SUBSYSTEMS AFFECTED BY THIS RELEASE**

The following release notes are being distributed for this release:

CLN, DBA, DTS, FQA, LAB, MCP, MSA/TPC, PAD (INCLUDING MASCAL), PAS, PHR,  
RAD, R/IT, TOL, and WAM.

